



**BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS AND ASSISTED LIVING FACILITY MANAGERS**

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Phoenix, Arizona 85007

**Douglas A. Ducey**  
Governor

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**Allen Imig**  
Executive Director

**Continuing Education Course Application – Individual**

Name: \_\_\_\_\_ License/Certificate #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

This course is for:  Administrators  Managers

Teaching Method (Select Only One):  Classroom  Online  Webinar  Self Study  Other \_\_\_\_\_

Sponsor: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Requested Hour(s) \_\_\_\_\_

Subject Areas of Course:  Statutes/Rules  Principles of Management  Psychology  Patient Care

Personal/Social Care  Therapeutic/Supportive/Nutrition/Pharmacology/Disease  Resources  Patient Rights

Date Course offered: \_\_\_\_\_ Time: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Instructor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required Attachments:  \$5.00 Per Hour Requested  Instructor Curriculum Vitae  Course Objective

Copy of teaching material  Course outline/brochure showing times and breaks  Copy of test or evaluation

Copy of Certificate of completion that complies with R4-33-501 (D)

**Money Order or Certified Check Only, made payable to "NCIA Board"**

**FOR OFFICIAL USE**

Received Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Course Approval #: \_\_\_\_\_ Hours Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_